

FIG. 1/22

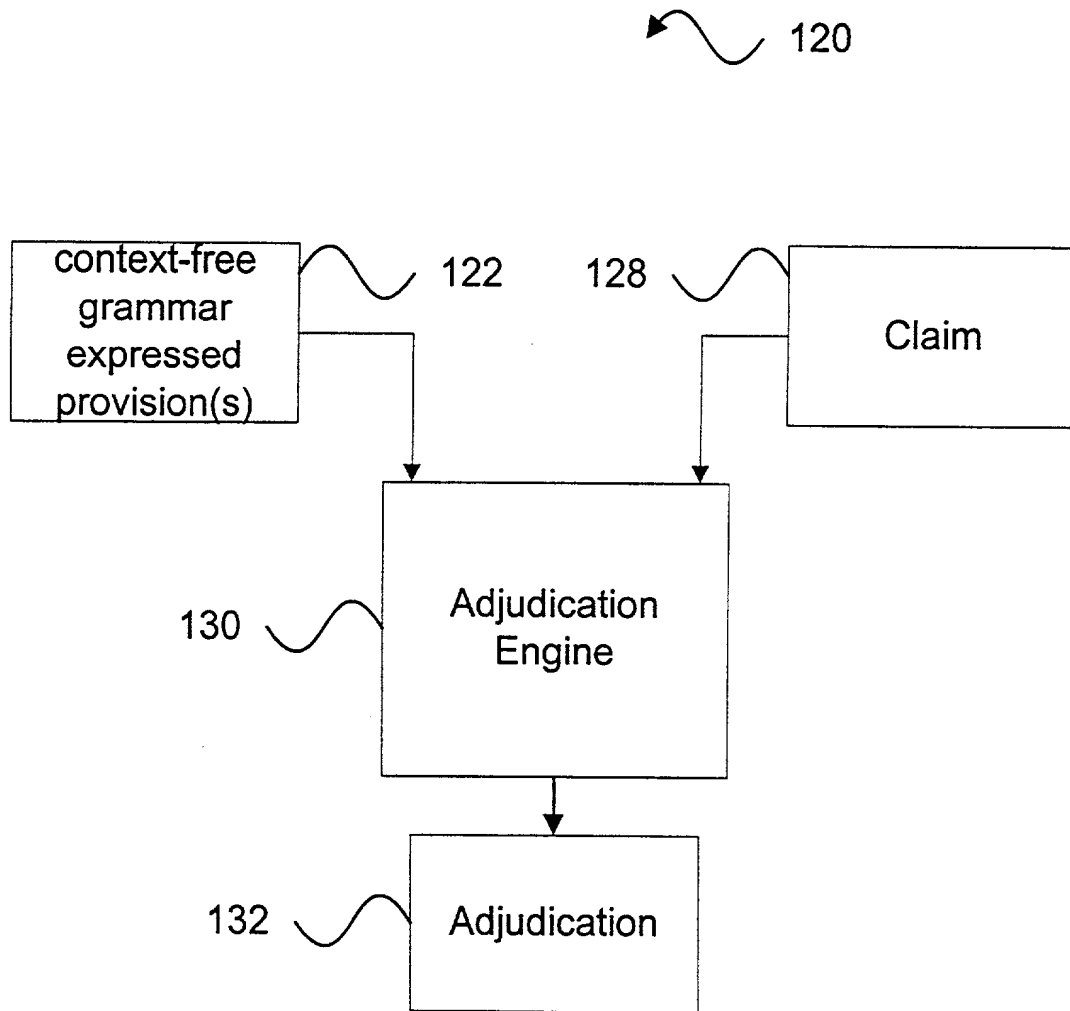
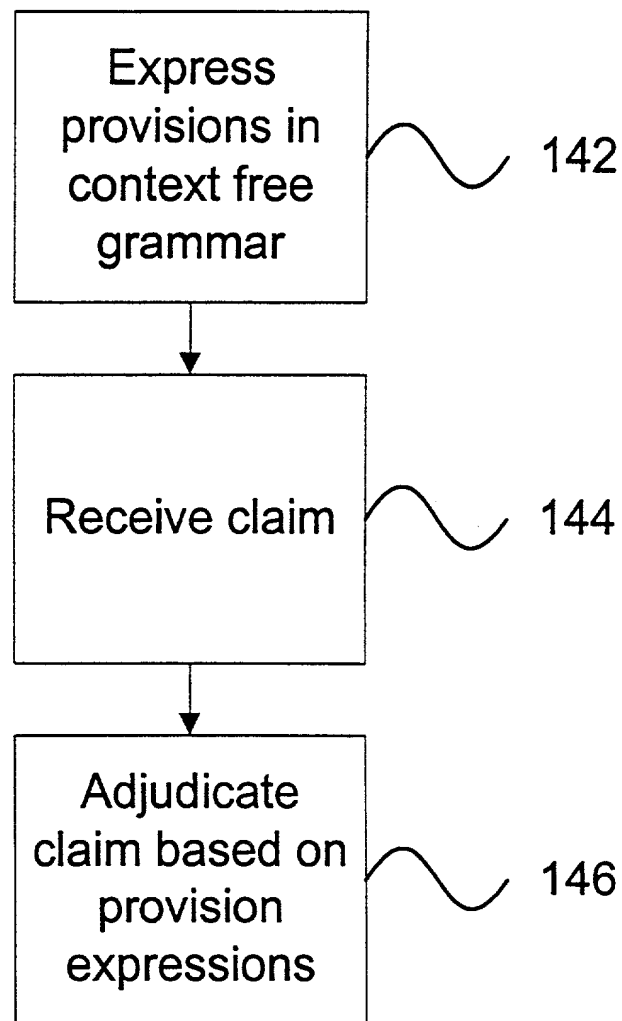


FIG. 2/22



140

FIG. 3/22



202 [ Identifier "Sample Health Plan"

200

```
204  [ effective-date "01-01-2000 12:00 AM"
      [ expiration date "01-01-2001 12:00 AM"
```

		Benefit Schedule	
		Exclusions	
206		<p>.</p> <p>// Ambulance - ambulance use for transportation services only</p> <p>Not Covered: member service "A0306"</p>	
		Limits	
208		<p>.</p> <p>// Inpatient hospital - maternity and newborn child care for a minimum of 48 hours</p> <p>// of hospital care following delivery</p> <p>Limit member to 2 day(s): service "99431", "99432" rendered for (diagnosis "650") per confinement</p>	
210		<p>Deductibles</p> <p>.</p> <p>// Member deductible \$25 per year for the purchase or rental of DME</p> <p>member deductible is: \$25.00 service "290", "291", "292" per year</p>	
		Benefits	
212		<p>.</p> <p>// Office visits with a medical, surgical, or specialty care physician, including</p> <p>// a second opinion - \$10 per visit</p> <p>Benefit member out-patient service "99201", "99202" rendered by "medical care physician", "surgical care physician", "specialty care physician" 100.00% of service cost</p>	<p>214</p> <p>216</p>

206

// Ambulance - ambulance use for transportation services only  
Not Covered: member service "A0306"

## 208

// Inpatient hospital - maternity and newborn child care for a minimum of 48 hours  
// of hospital care following delivery  
Limit member to 2 day(s): service "99431", "99432" rendered for (diagnosis "650") per confinement

## 210

// Member deductible \$25 per year for the purchase or rental of DME  
member deductible is: \$25.00 service "290", "291", "292" per year

## 212

// Office visits with a medical, surgical, or specialty care physician, including  
// a second opinion - \$10 per visit

- 214

Benefit member out-patient service "99201", "99202" rendered by "medical care physician", "surgical care physician", "specialty care physician" 100.00% of service cost

— 216

FIG. 5/22

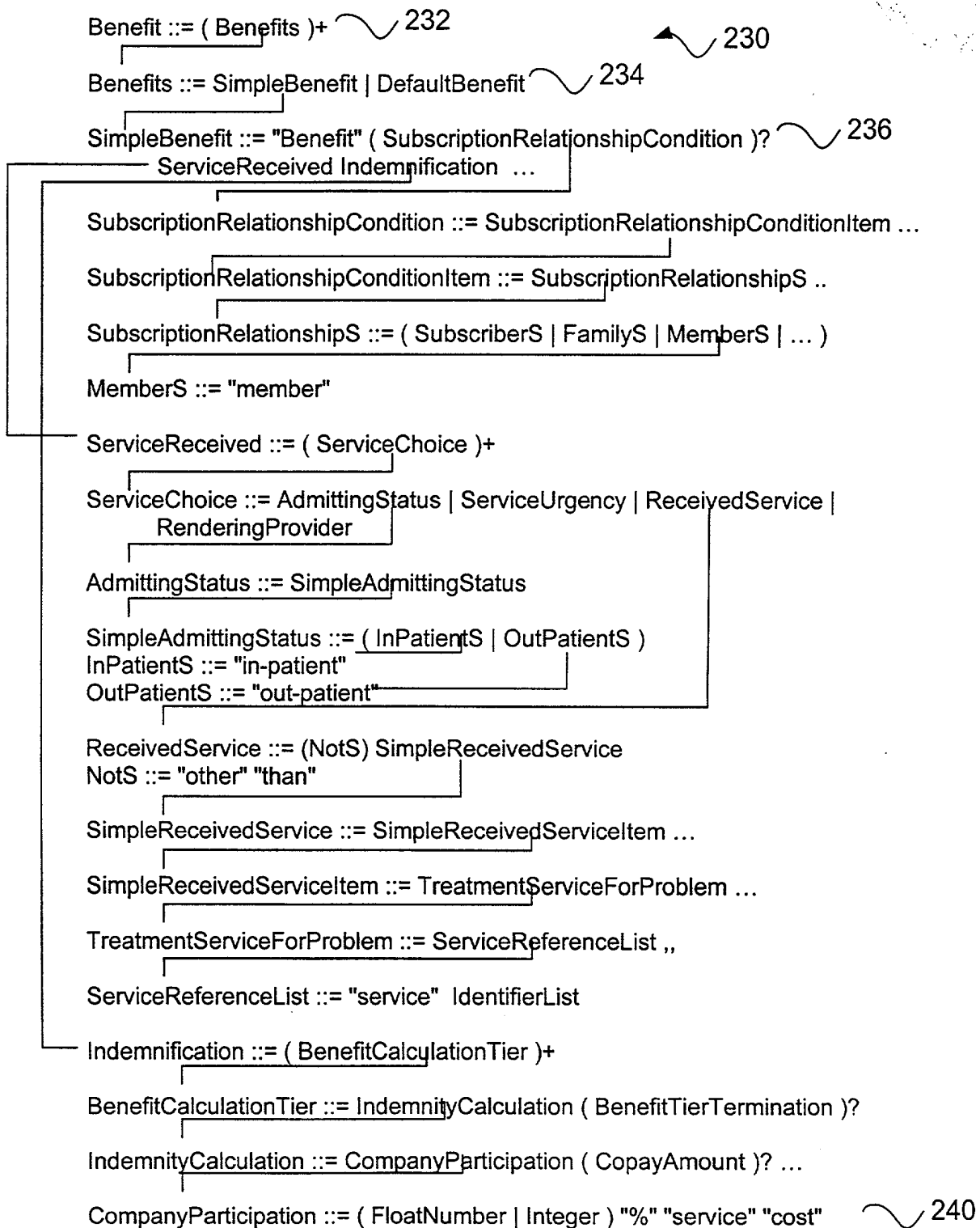


FIG. 6/22

250 — [ **Benefit member out-patient service "99201" 100.00 % service cost**

252 254 256 257 258 260 262 264 266

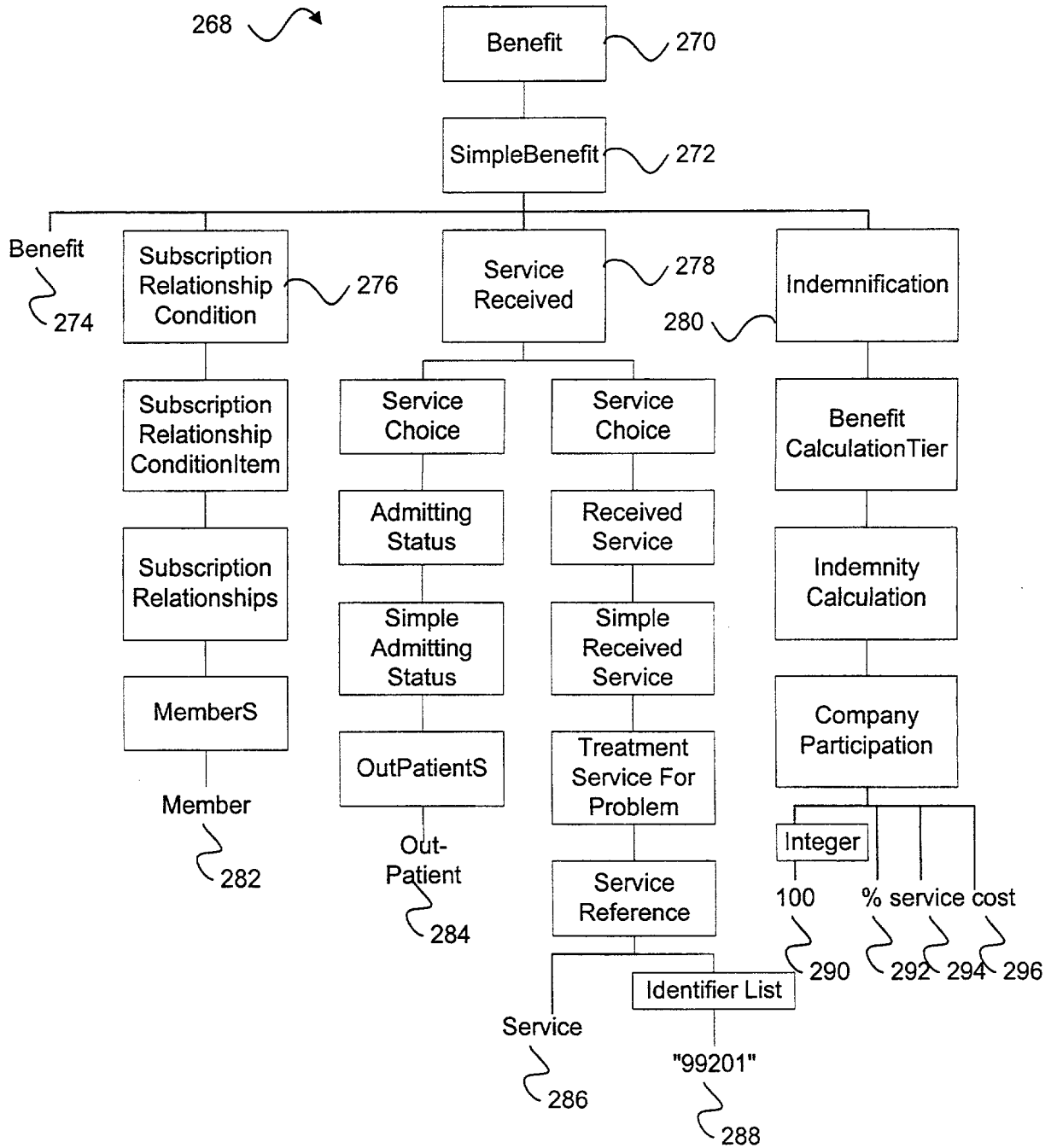


FIG. 7/22

20250220 16:00:00

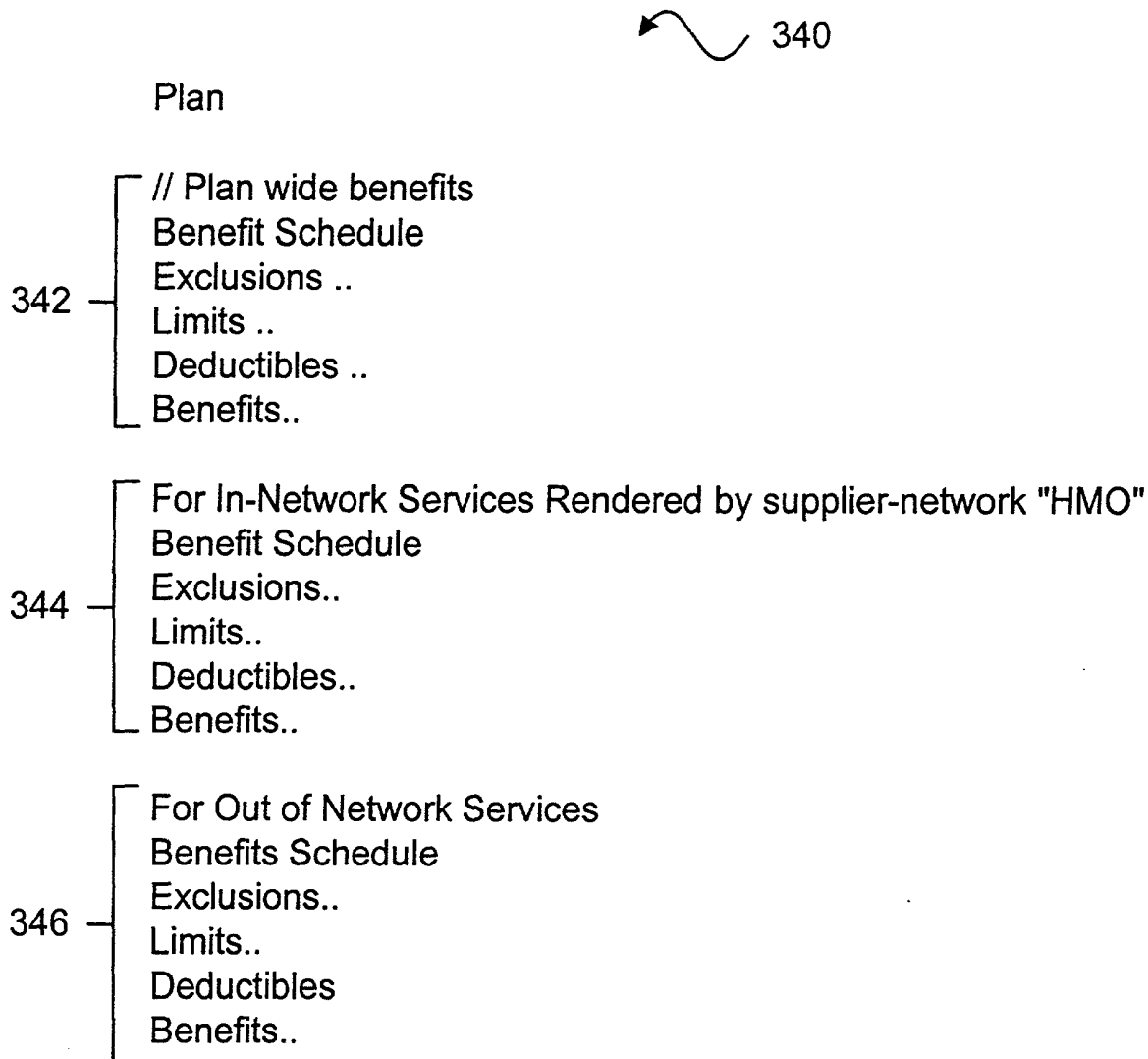


FIG 8/22.



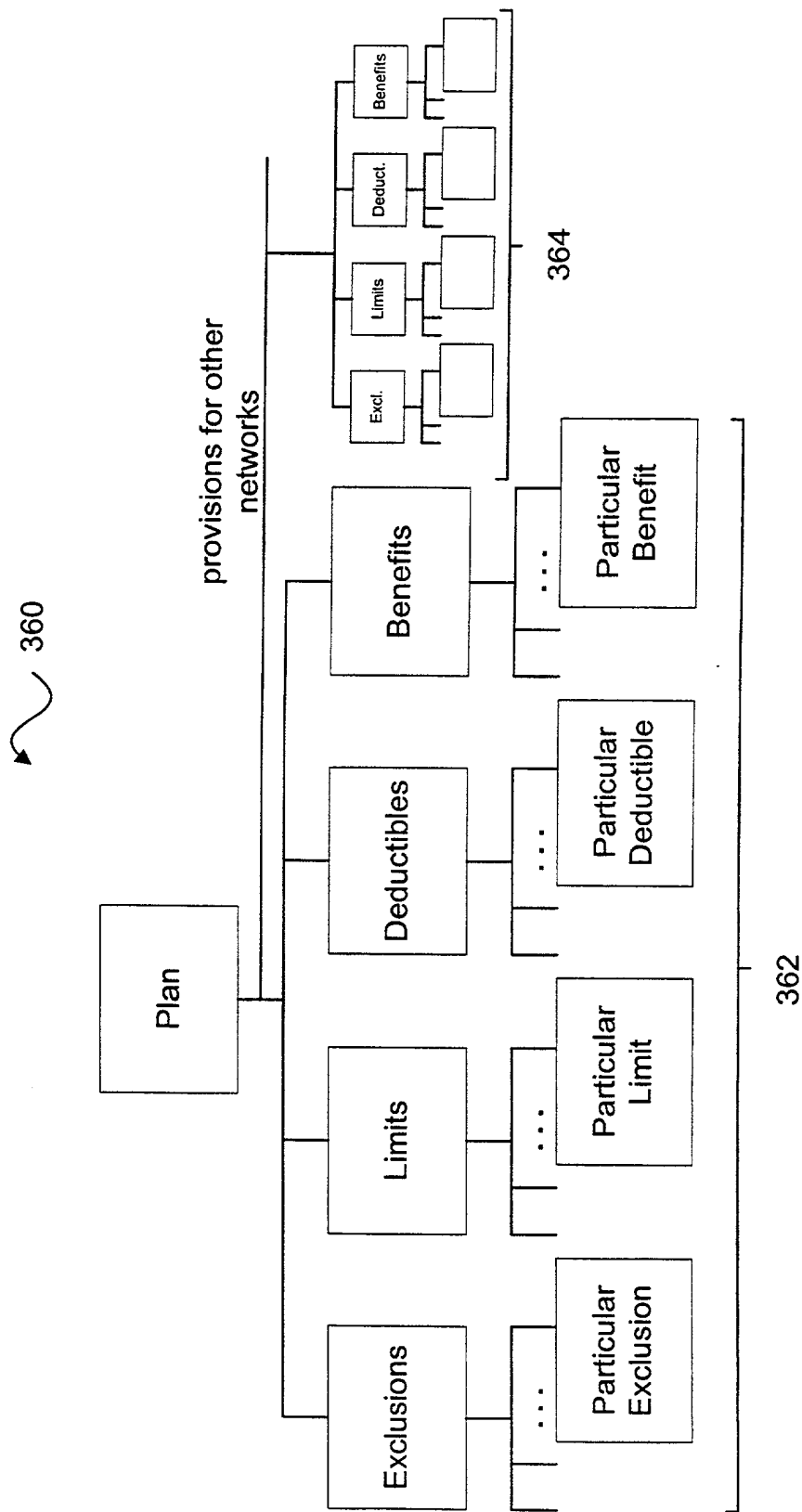


FIG. 9/22

# Contract

- 422 — identifier "Sample Supplier Contract"
- 424 — effective-date "01-01-2000 12:00 AM"  
expiration-date "01-01-2000 12:00 AM"
- 426 — Fee Calculation Policies  
calculate with zip code "77011"  
calculate usual and customary with the 75th percentile

## Reimbursement Schedule

### General

- 428 — // In return for the provision of Covered Services to Commercial HMO Enrollees  
// referred to Physician by a PIP Physician, Physician will be reimbursed on a fee  
// for service basis. The reimbursement will be equal to the lesser of:  
// (1) 110% of the RBRVS allowable applicable at the time of service in  
Physicians  
// geographic location; and  
// (2) Physician's usual, customary, and reasonable charge to patients for the type  
// of service in question, less any applicable co-payment. For those covered  
// services for which an RBRVS allowable has not been determined, Physician  
432 — // shall be reimbursed in an amount equal to 60^ of the amount of Physician's  
// usual, customary, and reasonable charge to patients for the type of service in  
// question  
For covered services other than TOS "4", "5", "6"; service-category "Pathology",  
"Pharmaceuticals" delivered to members of product "Commercial HMO Plans"  
the allowed fee is the lower of the following options:  
option: 110% of RBRVS, if service calculation is undetermined then 60^ of the  
usual and customary costs;  
option: the usual and customary costs

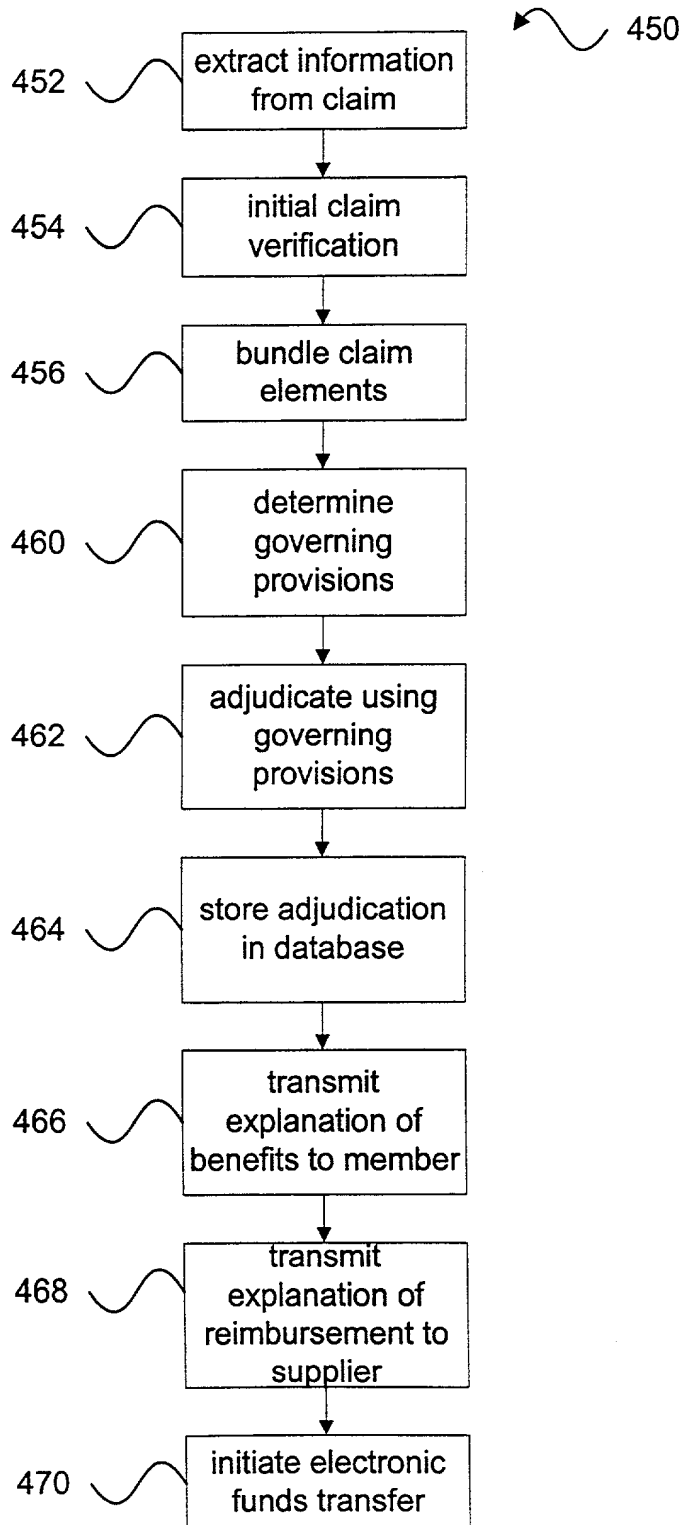


FIG. 11/22

208020" 26033860

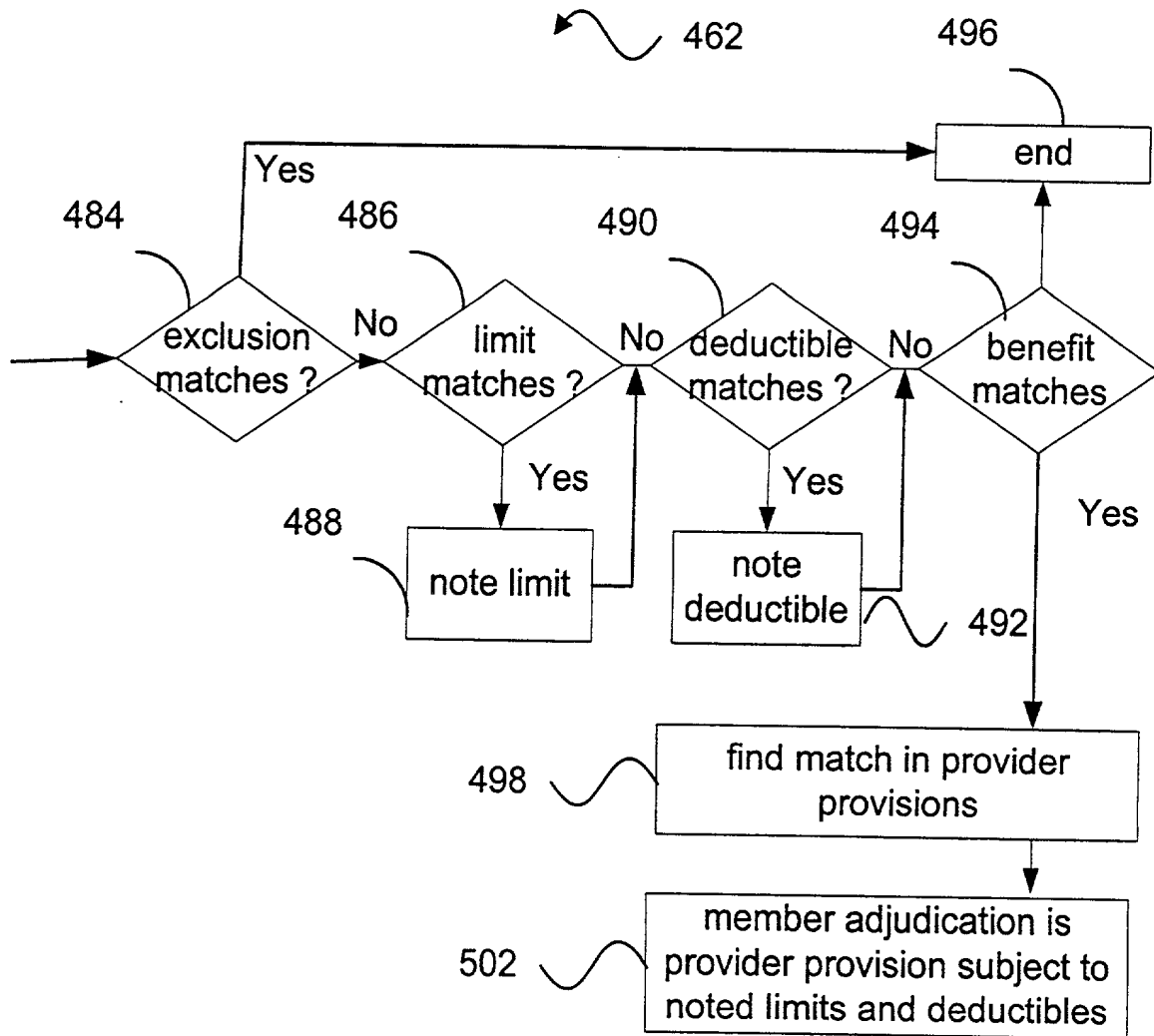


FIG. 12/22

20220220 15:00:00



520

Adjudication History			
Provision	Adjudication Code Claim ...		
LIMIT_01	Applied: \$20 99129 ...		
EXCL_03	Applied	99129 ...	
.	.	.	

524 526 528 530

522

FIG. 13/22

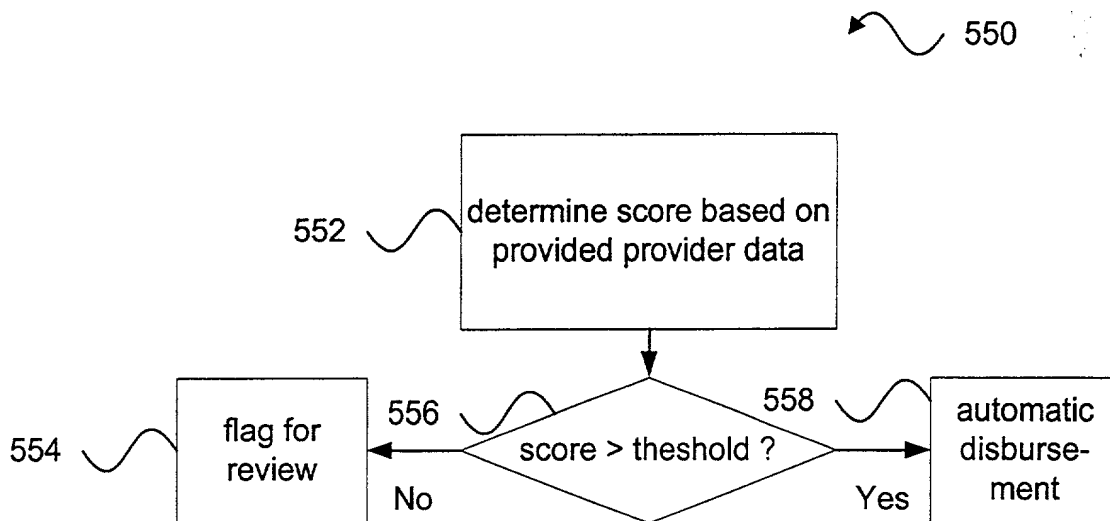


FIG. 14/22

Element	Score Adjustment
UPIN	+ 20
Last Name	+ 6
Soundex last name	+ 3
First name	+ 2
Soundex first name	+ 1
SSN	+ 6
Zip + 4 POS	+ 6
Full Street Address	+ 3
Partial Street Address	+ 2
City POS	+ 2
State POS	+ 1
.	
.	

572

574

FIG. 15/22

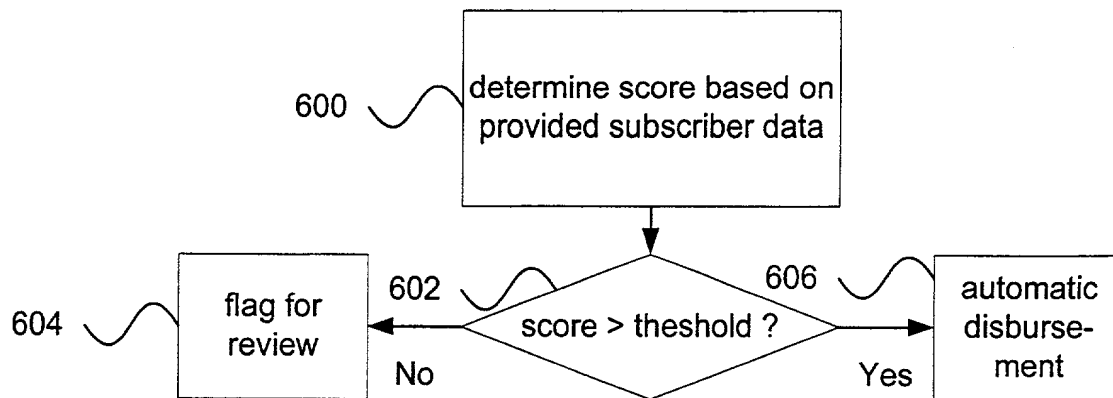


FIG. 16/22

Element	Score Adjustment
Member/Subscriber ID	+ 10
Last Name	+ 6
Soundex last name	+ 3
First name	+ 2
Soundex first name	+ 1
DOB	+ 6
Zip + 4	+ 6
Full Street Address	+ 3
Partial Street Address	+ 2
City POS	+ 2
State POS	+ 1
.	
.	

612

614      616

FIG. 17/22

Plan Provision Entry

Plan Identifier  302

Effective Date of Plan:  304

Expiration Data of Plan  306

Which of the following services are excluded from coverage ?

- ☒ Ambulance for transportation
- ☐ Mental health care
- ☐ Cosmetic surgery

Plan

identifier 1001

effective-date "01-01-2000 12:00 AM"

expiration-date "01-01-2000 12:00 AM"

Benefits

Exclusions

Not Covered: member service "A0306" //ambulance

.

FIG. 18/22



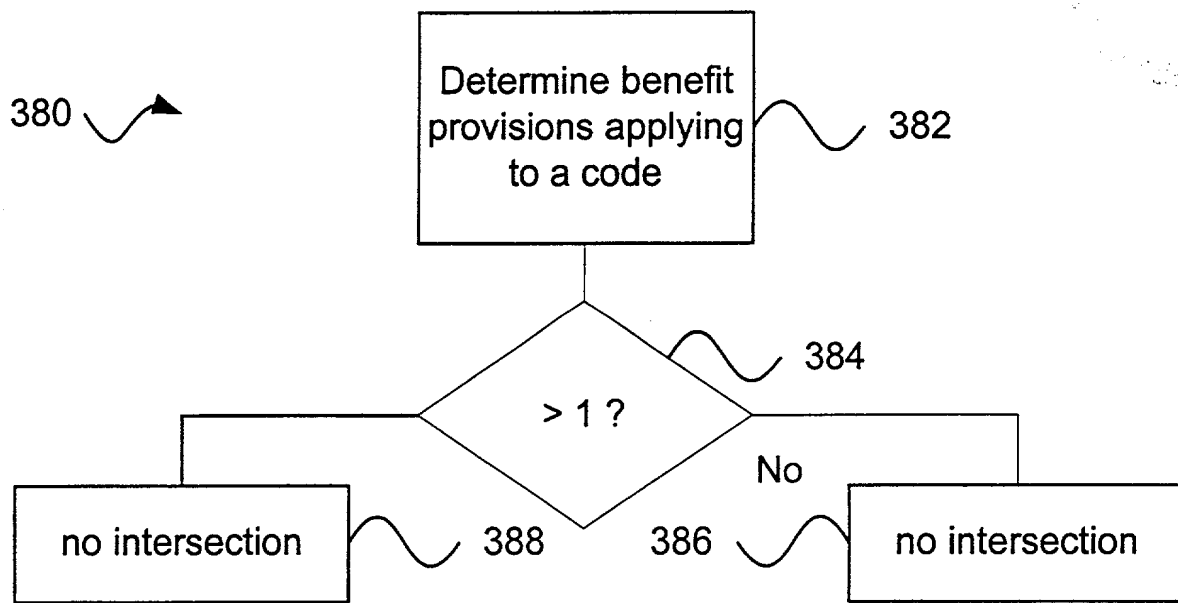


FIG. 19/22

20200920 16:00:00

The diagram shows a table structure with the following components:

- 400**: A curved arrow pointing to the top of the table.
- 402**: A curved arrow pointing to the right side of the table.
- 404**: A bracket under the first column (Code).
- 406**: A bracket under the remaining columns (Benefit Provisions).

Plan					
Code	Benefit Provisions				
	1	2	3	4	..n
00001	T	F	F	T	..F
00002	F	T	F	F	..F
.	.	.	.	.	.
xxxxx	F	F	F	F	..F

FIG. 20/22

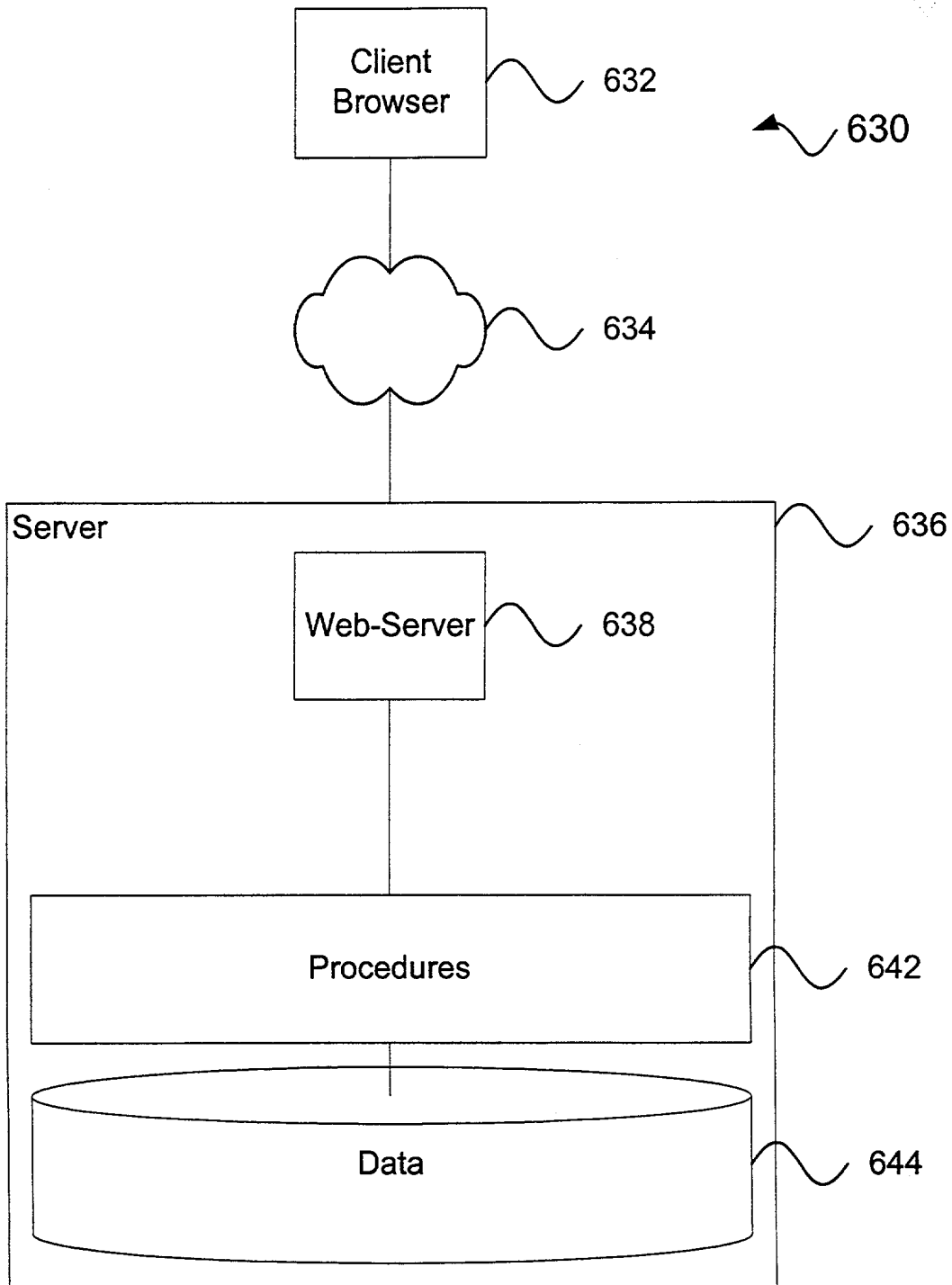


FIG. 21/22

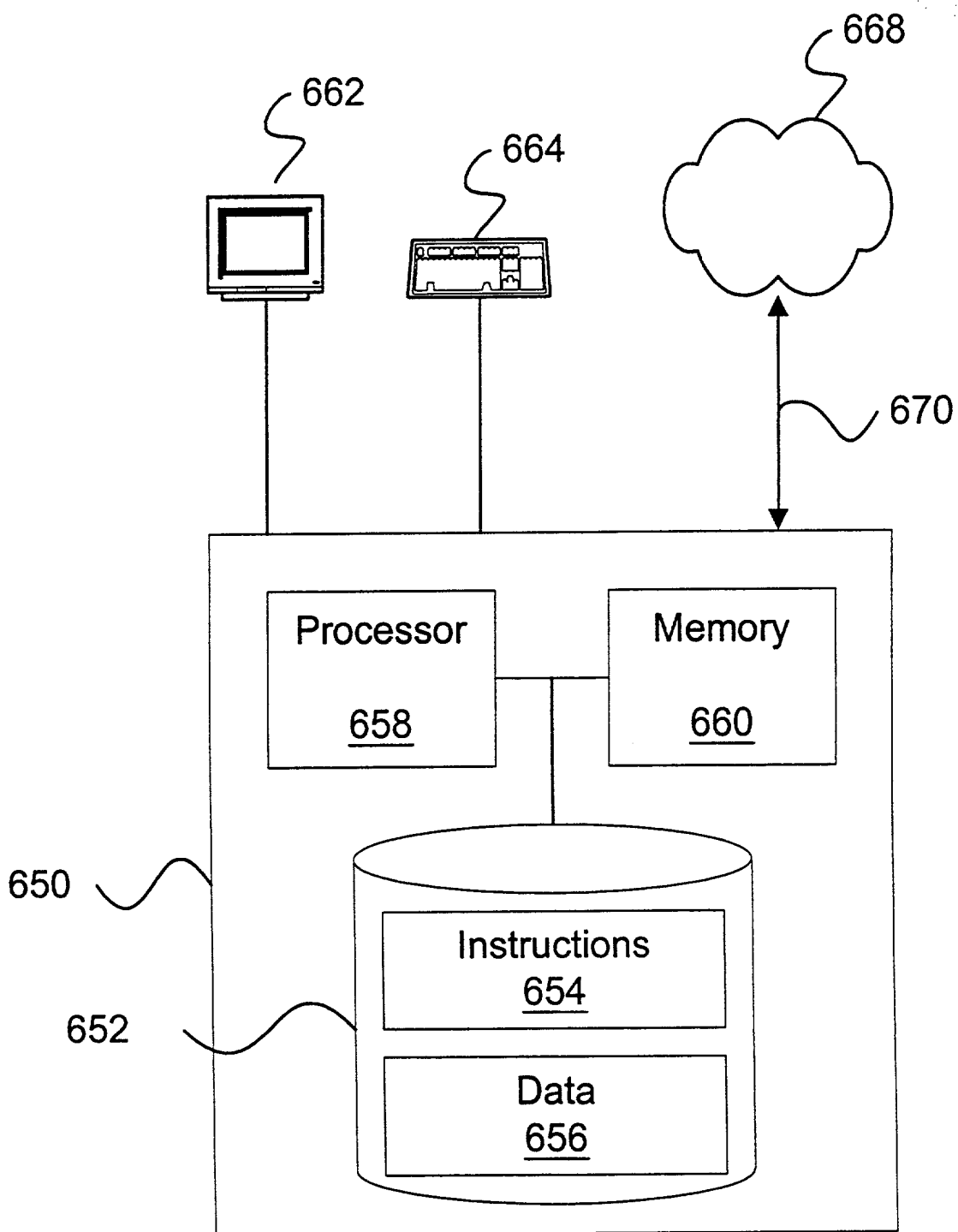


FIG. 22/22